

Department of Homeland Security
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 3:21-CR-00077	
DEFENDANT Austin Douglas Kidd		TYPE OF PROCESS Preliminary Order of Forfeiture Deemed Final	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Motorola Moto 7 – IMEI 359528091453115 and Hitachi hard drive serial number YNG3JHMA		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) (21-ICE-001685)		
Send NOTICE OF SERVICE copy to Requester: Debra T. Phillips, Assistant United States Attorney U.S. Attorney's Office Middle District of Tennessee 110 9 th Ave S, Ste A-961 Nashville, TN 37203-9962		Number Of Process To Be Served In This Case.	1
		Number Of Parties To Be Served In This Case.	1
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please disposed of the asset Motorola Moto 7 – IMEI 359528091453115 and Hitachi hard drive serial number YNG3JHMA (21-ICE-001685) the attached Preliminary Order of Forfeiture has been deemed the Final Order of Forfeiture.			
Signature of Attorney or other Originator requesting service on behalf of [X]Plaintiff <i>Monica R. Morrison</i>		Telephone No. (615) 736-5151	Date 03/28/2022
SIGNATURE OF PERSON ACCEPTING PROCESS:			
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: <i>Tiffany Mayo</i>
I hereby Certify and Return That I [] PERSONALLY SERVED, [X] HAVE LEGAL EVIDENCE OF SERVICE, [] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM
Signature, Title and Treasury Agency			
REMARKS: Items were disposed on January 6, 2022			

TD F 90-22.48 (6/96)

Make (5) copies after form is signed. SEND ORIGINAL + 4 COPIES TO TREASURY AGENCY. Retain Copy #5 for your file.